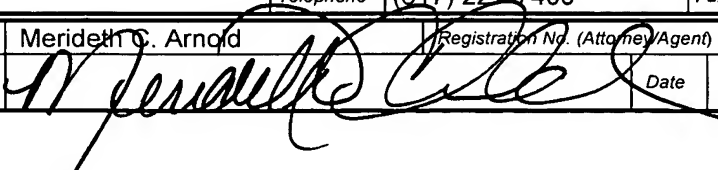


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. IFM-001CPCN5	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor William G. Tatton	
		Title USE OF DEPRENYL COMPOUNDS TO MAINTAIN, PREVENT LOSS, OR RECOVER NERVE CELL FUNCTION	
		Express Mail Label No. EV354228885US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 64] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 33]		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paper	
5. Oath or Declaration [Total Sheets 12] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATION PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 09/954714 Prior application information: Examiner Zohreh A. Fay Art Unit: 1614		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
19. CORRESPONDENCE ADDRESS		11. <input type="checkbox"/> English Translation Document (if applicable)	
<input checked="" type="checkbox"/> Customer Number: 00959 OR <input type="checkbox"/> Correspondence address below		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
Name LAHIVE & COCKFIELD, LLP Elizabeth A. Hanley		13. <input type="checkbox"/> Preliminary Amendment	
Address 28 State Street		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
City Boston State MA Zip Code 02109		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
Country US Telephone (617) 227-7400 Fax (617) 742-4214		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
Name (Print/Type) Meredith C. Arnold Registration No. (Attorney/Agent) 52,568		17. <input checked="" type="checkbox"/> Other: Copy of Three Month Request for Extension of Time (1 page).	
Signature  Date October 14, 2003			

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 311018941 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 14, 2003

Signature

(Meredith C. Arnold)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) IFM-001CPCN4	
In re Application of William G. Tatton et al.			
Application Number 09/954714-Conf. #8852		Filed September 17, 2001	
For: USE OF DEPRENYL COMPOUNDS TO MAINTAIN, PREVENT LOSS, OR RECOVER NERVE CELL FUNCTION			
Art Unit 1614		Examiner Z. Fay	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 950.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 475.00
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080
- I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.


☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 52,568

October 14, 2003
Date

(617) 227-7400
Telephone Number


Signature

Merideth C. Arnold
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV355387503US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 14, 2003

Signature: 

(Merideth C. Arnold)